

Skate with US



Registration includes:

- *Six 1-hour sessions
 - 30-minute lesson
 - 30-minute practice
- *Free rental skates
- *Highly professional coaches
- *The right to participate in the LTS group number in the club's winter or spring shows
- *Quality hockey program now available through partnership with Des Moines Youth Hockey Association.

Make sure to wear long pants, long socks and gloves or mittens!

Session 4

Saturday 3:00-4:00
Feb.18,25; Mar.4,11,18,25;
Wednesday 5:30-6:30
Jan.25; Feb. 1,8,15,22; Mar. 1

Session 5

Saturday 3:00-4:00
Apr. 1, 15, 22, 29; May. 6,27
Wednesday 5:30-6:30
Mar.8,15,22,29; Apr.5,12;

Session 6

Wednesday 5:30-6:30
April 19,26; May 3,10,17,24

Professional quality skates are available for rent for additional \$35/ session

No refunds, exchanges, or credits for future sessions.
Payment only for lessons of the indicated session.

"This is not a school publication, nor is it in any way endorsed or sponsored by any school district. This publication is being provided only to inform you of other available community activities and opportunities."

LTS Registration

1st skater: \$100/session, additional skater in family: \$75.

Name: _____

Gender: _____ Age: _____ Shoe size: _____

Skating Level: _____

E-Mail: _____

Address: _____ Phone: _____

Session #: _____ Session Day: _____

How did you hear about us? _____

Registration can be submitted online at iowafigureskating.com, by phone at (515) 490-5148 or forms can be mailed to: **CIFSC**

3204 67th Street
Urbandale, IA 50322

Registration is also taken at the arena a half hour before class.

Payment can be made by cash or check. Please make checks payable to: Central Iowa Figure Skating Club (CIFSC)

PayPal accepted at IowaFigureSkating.com

LIABILITY AND PHOTO RELEASE WAIVER

I hereby release the Central Iowa Figure Skating Club, its affiliates, professional staff, Board members and Buccaneer Arena from any and all liabilities as a result of personal injury, which may be sustained by myself/ my child.

In addition I hereby consent to and authorize to use any photographs and videos that have been taken of me and/or my child(ren) for the purpose of marketing and advertising of the CIFSC Learn to Skate program. Such photographs will not have names listed.

Signature: _____ Date: _____